

AMERICAN INTELLIGENCE.

New Operation, by Professor MOTT, (communicated in a letter to the Editor,) from JOHN MURRY CARNOCHAN, M. D.

PROFESSOR MOTT requests me to mention to you, that he has lately performed a novel operation, for the removal of a large fibrous tumour from the nasal cavity of the left side, a description of which will be drawn up for publication in the April number of your Journal. The operation consisted in making an incision through the soft parts, commencing a little on the mesial side of the internal angular process of the os frontis, and extending downwards to the upper lip, which was divided at about three lines from the angle of the mouth. Two flaps were then reflected, the internal including the cartilaginous parts of the nose, and the tissues covering the os nasi of the left side; the external laying bare the bone as far as the infra-orbital foramen. The anterior part of the tumour was now somewhat more distinctly seen, and the nasal cavity was farther exposed by sawing, vertically, through the os nasi as far as the transverse suture, so as to avoid the descending plate of the ethmoid. The superior maxillary bone was now divided in a line from the upper part of this cut to a point opposite the second bicuspid tooth, and on a level with the floor of the nostrils. Another section was made from the termination of the last, extending horizontally inwards towards the vomer. The osseous parts comprising the os nasi, a considerable portion of the superior maxillary bone, and the os spongiosum inferius were then detached. The connections of the tumour were partially separated, but the disease was so extensive that a part had to be removed through the anterior opening before the posterior attachments could be liberated. These having been detached, the larger portion of this extensive disease, which passed into the pharynx and plugged up completely the posterior nares, was removed by introducing through the mouth a large curved vassellum, and forceps, and seizing the mass as it descended into the pharynx.

Within the last week I have seen in the *London Medical Gazette*, a case related by Mr. Earle, in which he attempted to remove a malignant tumour from the nasal cavity by cutting away a portion of the nasal bone with Liston's forceps, after dividing the nose in the mesial line, but his patient died, and neither in result, nor performance can his operation be said to resemble that of Professor Mott. One of the chief objects which Dr. Mott had in view in the projection of his operation was, the removal of so much of the bones as would facilitate the entire detachment of the inferior spongy bone from which malignant growths frequently commence, and this last successful surgical procedure of the celebrated Professor, must be ranked as one of the modern and important improvements in operative medicine, for the exsection of morbid structures, which if allowed to remain, would inevitably prove fatal to those thus affected.

New York, Dec. 12, 1841.

P. S.—The above sketch by my assistant and demonstrator Dr. Carnochan is correct.

V. MOTT.

Treatment of Diseases of the Testicle by Compression.—Some years since in conversation with the late Dr. PHYSICK, we mentioned as one of the novelties of the day, the method introduced by Dr. Fricke of Ham-burgh, of treating orchitis by compression. He then informed us that the treatment had no claims to novelty, for that he had employed it forty years before in the Pennsylvania Hospital; it is only, however, within a few weeks that we have been able to obtain an extract from the record books of the Hospital, containing a notice of the cases subjected to this plan of treatment. The following note will be read with great interest.

PENNSYLVANIA HOSPITAL,
December 23d, 1811.

DEAR SIR:—Agreeably to your request, I take great pleasure in transcribing for publication from the official records of cases in this institution, the following account of the successful employment of compression by Dr. Physick in the treatment of what was then called scirrhus testicle.

"November, 1803.—John Brown, a tailor, aged 24, has been for six months afflicted with a scirrhus testicle, for which he has been repeatedly bled and salivated, and has used a variety of local applications, such as blisters, the camphorated mercurial ointment, and the saturnine poultice, all without effect.

"Dr. Physick, thinking that the swelling might be reduced by the application of a constant and moderate degree of pressure to the testis, directed a bag to be constructed and applied in such a manner as to have that effect. In twenty-four hours after the application of the bag, the testis became much softer and had considerably diminished in size. The use of the bag a few days longer completed a cure."—*Pennsylvania Hospital Cases*, Vol. i, p. 7.

In another part of the same volume, pages 118 and 119, I have found a record of two cases of hydrocele and one of orchitis, treated successfully with compression, under the direction of Dr. Joseph Hartshorne.

"Hugh Ward was admitted into the Pennsylvania Hospital, May 29th, 1811, with hydrocele, for which he had been several times tapped; and once an injection had been thrown into the tunica vaginalis testis, but without producing the desired effect. When admitted, the scrotum was considerably distended, and a small degree of inflammation of the part [had been] occasioned by the last mentioned operation. Dr. Hartshorne, then [attending] surgeon of the house, advised rest, very low diet, occasional purges and a bandage applied tightly around the part daily. A week had probably elapsed before much alteration was perceptible; after which, by a continuation of the same remedies, his health was perfectly restored. He was discharged cured June 26, 1811."

"George W. Axe, a boy about ten years of age, afflicted with hydrocele, which had collected in two cysts, the lowermost of which had been opened by Dr. Physick. This soon filling up again, Dr. Hartshorne punctured them both, and after evacuating their contents injected them with diluted port wine, which occasioned a slight degree of inflammation, but

not enough to produce a radical cure without further aid. In a few days water began again to collect, and as some inflammation still remained, a bandage was applied in such a manner as to produce a compression of the part, which in a few days had the desired effect. He was discharged cured.

"William Albertson, admitted April 27th, 1811, with swelled testicle, which had resisted the various applications that had been made previous to his admission.

"On examination, his testicle was found considerably enlarged; this was attended with violent pain and a considerable degree of fever. He was put on the antiphlogistic regimen, and was bled and purged; emetics were given and a blister applied to the part, without occasioning much reduction of the swelling, notwithstanding the inflammation had considerably abated.

"On the 15th of May, a slight pressure was applied and daily increased as the patient could bear it. So great a proof of the good effect of the application was daily evinced, that on the first of June it was omitted, the swelling having subsided, and the pain and fever having left him. He was discharged cured on the 8th."

EDWARD HARTSHORNE, M.D.

Resident Surgeon, Penn. Hospital.

To ISAAC HAYS, M. D.,

Ed. Am. J. Med. Sci.

Acids in Dysentery.—Dr. J. Young, of Chester, Delaware county, has communicated to us some observations on the treatment of dysentery by acids. "The following cases," he remarks, "will serve to illustrate the course of practice I have pursued for more than a dozen years, and with uniform success."

"In the autumn of 1828, I was requested to see Mrs. S. Found her in bed, with much fever, headache, full, bounding pulse, severe tormina, tenesmus, needings very frequent, and evacuations scanty, and consisting of nothing but bloody mucus; considerable tenderness of abdomen, urgent thirst, entire loss of appetite, tongue slightly coated, and presenting altogether a very severe case of dysentery. It was the fourth day of the disease, and she had taken nothing at all of medicine kind. I urged bleeding but her objection to it was insuperable; prescribed medicine to be given, and left her. Next morning on visiting her, found she had not taken her medicine, nor could all my entreaties prevail on her to take it then, but she promised to take it "after a while;" next visit found the same state of things with respect to taking anything; and in short she absolutely refused to take medicine of any description, nor to drink anything but cold water until the twelfth day of her disease, when she had become too weak to get up without assistance; all her diseased symptoms had progressed during this time, and it was evident she could not live much longer without relief—still she resisted every kind of medicine. Having known butter-milk used with apparent advantage in some cases previously, I stated to the family what must evidently be the result, unless relief was procured ere long, by some means, and suggested the trial of it. She was delighted with it, and was ordered to gratify her inclination for drink, by copious

draughts. Next morning on visiting her, to my surprise I found a great change for the better. The needings were much less frequent; had rested tolerably well during the night; the tormina, tenesmus, tenderness of abdomen, and bloody mucous evacuations were all greatly diminished. On inquiry, I learned that she had drank *a gallon or more*, of the article, since yesterday. She was ordered to continue drinking freely, and on my visit next morning, I found her so entirely relieved, as to discontinue my visits, leaving a request to be sent for if necessary. In a few days she was well enough to leave her bed, and her chamber, and is yet a hearty woman.

"This case made a strong impression on my mind, and in numerous instances since, it is the only article I have ordered; particularly in children, who generally are fond of it, and have an aversion to medicine.

"In August, 1834, I was requested to take charge of two little boys in the same family, one aged nine, the other between seven and eight, who were sick with dysentery, and had been under the care of a neighbouring physician for seven days, but whom circumstances prevented attending longer.—They were both severe cases. On taking charge of them I recommended only, fomentations to the abdomen, morphine one tenth of a grain *pro re nata*, to relieve the violence of the pain and straining, and to drink freely of buttermilk, "the more freely, the better."

"Next morning one of them not relishing it for drink, had used but a small quantity; he was ordered the same as yesterday, but to drink a solution of cremor tartar, sweetened if wished. The other was fond of his drink, had drank freely; had taken two portions of morphine, was somewhat better; still his needings were frequent, but *sometimes* the evacuations were less painful, and less bloody and slimy—ordered to continue as directed before. These were the only articles prescribed for this little fellow, and on my fourth visit, all appearance of dysentery was gone. In a few days he was up and well. His brother did not recover so soon. He drank of the cremor tartar solution, but not freely enough to produce any action on the bowels, accordingly on my third visit, in addition to the former prescription, oleaginous mixture was ordered, in doses of a table-spoonful every three or four hours, according to its effects. After this, his dysenteric symptoms gradually yielded; so that on the day of my seventh visit he was dismissed cured.

"This then is the general course pursued; sometimes in addition to these means, I order calomel, ipecac. and opium, every two or three hours; sometimes too an emetic, or a mercurial cathartic, or both are premised, and sometimes lemonade, or vinegar and water, or some milk are ordered for drink, where they are preferred. But these constitute the whole of the articles I use in the treatment of this disease; and the facility with which it yields to such simple means, has often been a matter of surprise to myself. The objects kept constantly in view, are to remove constipation by the mildest possible means, to allay irritation and pains by morphine, or opium (the former being always preferred, when at hand, because it is less constipating), and fomentations; and to remove the *alkaline* state of the contents of the bowels, by acids in the form of drink.

"Perhaps in some other localities, these means may not be attended with the same beneficial results that I have in *every case* found them produce; but such has been my success, practising on these views, and using these means, that I am emboldened to recommend them to others, believing that

if acted upon in good faith, they will save him who tries them, many anxious hours, by enabling him to cure his patients, before the disease progresses to inflammation, and gangrenous erosions of the intestines; a state of things that will doubtless arrive in time; but which is believed to be mostly the result, not so much of the necessities of the case itself as of the erroneous pathology, and consequent treatment, generally taught and pursued in the management in its earlier stages."

Chester, Delaware County,
Nov. 14, 1841.

Fatal Cases of Hernia from Simple Obstruction.—The important practical facts of our science cannot perhaps be too frequently recurred to and enforced; and we therefore transfer to our pages the following cases of death from simple obstruction of the bowels, related by Dr. W. W. GERHARD, in the *Medical Examiner*, 30th Oct. 1841.

"Case 1. The first was in the month of October, 1835. The patient was labouring under an irreducible inguinal hernia, of moderate size, (not exceeding that of a small pullet's egg;) he was affected with nausea and vomiting, with obstinate constipation, beginning gradually and increasing for several weeks, when death took place. The tumour was perfectly free from pain, and very uniform in size and shape: the quantity of fecal matter passed was small, but of healthy appearance and consistence. Vomiting occurred very frequently and finally consisted merely of the substances taken into the stomach, which were rejected almost as soon as swallowed.

"The existence of the hernial tumour, notwithstanding the mildness and slowness of the symptoms, induced me to call a consultation of surgeons, and to desire putting the case into their hands. The gentlemen who were consulted in the case declined resorting to an operation or other surgical means; all other modes of treatment proved unavailing.

"On examination after death, the portion of the bowel contained in the hernial sac was found to be the ileum; the included fold was full of fecal matter, but neither sphacelated nor inflamed; above the hernia the bowels were extremely distended by their ordinary contents, and below, they were shrunk and contracted.

"There was, therefore, in this case, an obstruction sufficient to cause death without strangulation. It was of course greatly to be regretted that no operation was thought proper by the gentlemen who were officially called to decide as to its propriety; but, although their repugnance to an attempt of this kind was not well founded, it was conscientious, and not at all blameable.

"Case 2. This occurred recently. A man between forty and fifty years of life entered the Philadelphia Hospital in a moribund state. The abdomen was distended and contained much gas, but was not tender to the touch, nor painful to the patient; the body generally was extremely emaciated. The patient was too feeble to give any further account of himself except that he was subject to dyspepsia for some months, had frequent vomitings, and was habitually costive. Some restorative medicines were given, but the patient sank twenty-four hours after admission.

"On examination after death, the whole body was found to be extremely emaciated, the abdomen much distended with gas. The contents of the thorax were in a healthy state, but on opening the abdomen the stomach was found to be extremely distended, and evidently enlarged from permanent thickening, so that the thickness of the parietes was increased, and the whole organ was at least of twice the average dimensions. It contained a pale mucus, and its internal coat was thickened and mamillated throughout the greater portion of the pyloric half, thinned by the action of the liquid near the cardiac extremity, and of a general pale slate colour. The vascular injection was extremely slight. The

small intestine was also distended with mucous liquid and with gas, the parietes much thickened. Near the extremity of the ileum it dipped into a hernial sac, at the right inguinal ring. The portion of bowels contained did not exceed the size of a pigeon's egg; it was of a bluish tint, the veins upon it much distended, but not inflamed or gangrenous. The circulation being evidently retarded, but by no means interrupted. At the point of constriction where the bowels passed out of the sac, the size of the intestine was much reduced; it was not larger than that of a child of three years; the colon was also much smaller than natural, not larger than that of a patient dying of chronic dysentery; it contained some well formed fæces.

"These cases are both illustrative of death following the slow symptoms of hernial structure sufficiently tight to impede the progress of fæces without destroying the circulation."

It is a mistake to assert it to be "rare that hernia produces obstruction to the passage of the fæcal matter through the bowels to a sufficient degree to cause severe and even fatal symptoms, without the mortification of the gut." On the contrary, and the practitioner cannot be too much alive to the fact, such an occurrence is frequent. Indeed, death occurs from simple obstruction to the passage of fæces without even the necessary occurrence of inflammation, much less mortification. This has been conclusively shown by Mr. Stephens, in his "Treatise on Obstructed and Inflamed Hernia," &c., as may be seen by a reference to the work, or to the review of it in this Journal—No. for Nov. 1832, p. 190.

Nitrate of Potass in Asthma.—A correspondent of the *New York Medical Gazette* says, that he had derived essential benefit from using the following remedy, in severe attacks of asthma, and has prescribed it for several patients with equal success. Immerse thick porous paper in a solution of nitrate of potass, or common saltpetre, and hang it up to dry. At the approach of a paroxysm, inhale the vapour by burning it in the room, or smoking it in a tobacco pipe. The writer says, he "is acquainted with several asthmatics who are unable to breathe in a recumbent position until their sleeping apartment had been filled with the above vapour."

We can add our testimony to the utility, in some cases, of this remedy. We have several times prescribed it, and in some cases the relief it afforded seemed almost magical, in others, however, it entirely failed. The solution of nitrate of potass should be a saturated one; and after the paper has been immersed and dried it is best to immerse it a second time. A very good plan of filling the room with the vapour is to roll a sheet up of the proper size, and place it in a candlestick. The end being then ignited, it gradually burns and the vapour diffuses itself through the chamber.

Wounds of Arteries successfully treated by Compression.—In our No. for Feb. 1839, (p. 324,) there are some interesting cases related by Dr. Kirkbride, showing the value of compression as a means of treating wounds of arteries. The following cases reported by Dr. GEORGE THOMPSON, of Jefferson, Tennessee, in the *Western Journ. of Med. and Surg.* (July, 1841,) illustrate the same point.

"Case I.—A young man received a wound from a long knife in the fore-arm. The knife entered about the middle of the fore-arm, and, passing obliquely upward, wounded the ulnar artery just below the point of separation from the radial. The hemorrhage had been considerable, but was arrested by the application of a bandage around the arm above the elbow. In this situation he came to my shop, an hour after he had received the injury. A compress was laid over the course of the wound, and another over the brachial artery, at the point where that vessel could be most conveniently compressed against the humerus. A roller was then carefully applied from the points of the fingers to the shoulder, so tightly as barely to permit a sufficient quantity of circulation to maintain the vitality of the limb. Cold water was freely applied to the whole arm; he was put on light diet, with an occasional dose of Epsom salts. I removed and re-

adjusted the bandage daily, to satisfy myself that the limb was receiving no injury from it. In ten or twelve days the wound was healed. On removing the bandage the circulation was found to be carried on through the wounded vessel near the wrist as freely as before the wound was received. I could not satisfy myself that the canal of the vessel was not obliterated at the wounded point, from the depth with which it was covered by the integuments; but I am of the opinion it was not.

"Case 2.—A young man passed a sharp-pointed narrow knife under the tendon of the extensor muscle of the thumb, entering at the point where the radial artery passes under that tendon, wounding that vessel and passing out at the opposite side of the wrist. A compress was applied along the course of the wound, another on the vessel above the wound, a bandage was firmly applied to the hand and fore-arm, and the patient was left with instruction to let me know if the bandage produced much pain. His hand becoming painful in the night, he had the bandage taken off and applied loosely. I heard nothing more from him for four or five days, when he came to me to examine his hand. On taking off the bandage, which was quite loose, I found the wounds in the skin healed, and a strongly pulsating tumour along the whole course of the wound. The compresses and bandage were again applied as at first. The bandage was now permitted to remain as I applied it, and in three weeks all traces of aneurism had disappeared, and the hand was soon restored to its original condition."

Clerical Encouragement of Quackery.—We can scarcely open a newspaper, without meeting with the advertisement of one or more quack medicines, recommended and avouched by clergymen. Now such is the confidence of the mass of the people in their spiritual pastors, that these certificates have in them a power, even greater than the forged testimonials of eminent, deceased physicians, so often seen appended to the same advertisements. Such being the case, we would respectfully ask our clerical friends, to whom we attribute no bad motive in this matter, whether they have ever reflected on the mischief they do to the community, by these recommendations? Do they not know, that if a nostrum be *inert*, a reliance upon it may destroy life—if *active*, that while it may relieve or even cure a few, it will kill many more? We would charitably believe, that most of these certificates are given, without due reflection. The majority of them are for cough mixtures, balsams, boluses or lozenges, which are presented as infallible remedies, without reference to the nature of the disease in the lungs, by which the cough is produced. But the diseases of the lungs are of various kinds—requiring different modes of treatment—and what may cure one patient will destroy another. If a clergyman, then, has seen a quack medicine relieve one individual, he is not justified in generalizing, and commending it to all who may, from the coincidence of a single symptom, fancy themselves in the same condition.

Medicine is an inductive science, the basis of which is a knowledge of the structure and functions of the human body. He who builds on this foundation, rests his superstructure on a rock—all others build on sand. How many of our clergymen understand anatomy and physiology, beyond Dr. Paley's *Natural Theology*? We suspect very few. We would ask these respected brethren, what they mean by orthodoxy? Is it not a full acquaintance with the letter and spirit of the Bible, and a faithful adherence to both? Now medicine, so to speak, has *its* orthodoxy, which consists in a profound knowledge of the principles of the science, and a reliance on them to guide us in practice, as the divine relies on the doctrines of the Bible to guide and govern him in preaching. If some ignorant layman, but superficially acquainted with that divine revelation and unimbued with its spirit, were to advertise a new exposition of its doctrines—a sort of patent mode of securing Heaven, what would our clerical friends say, if physicians who had never made the Bible a study, were to certify to the truth and efficacy of such a pretended discovery? They would, undoubtedly, warn the people to beware. It would be a dereliction of duty for them to remain silent; and we, on the other hand, feel, that duty in reference to the health and

temporal welfare of the community, commands us to speak out, in words of warning to the people, and to rebuke to such of their spiritual leaders, as travel out of their profession, to enlist under the banner of quackery in another.—*Western Journ. of Med. and Surg.* Sept. 1841.

Cartwright's Statistics of Quackery.—This paper has excited much attention; our notice of it has been copied into the principal foreign journals.

Plagiarism.—Dr. MARTYN PAINE has exposed a gross literary theft from Dr. Channing, committed by the author of a review of John Hunter on the Blood, published some years since in the British and Foreign Medical Review; and from certain coincidences of opinion and expression between this review and Dr. Carpenter's "Principles of Physiology," he infers an identity of authorship. This inference appears to be incorrect; and we take pleasure in doing Dr. Carpenter the justice of stating that *he is not the author* of the review containing the plagiarisms in question. The following avowment by Dr. Forbes, the able editor of the Review, is conclusive on this point. We extract it from the Provincial Medical and Surgical Journal for Nov. 27, 1841.

"Dr. Martyn Paine, of New York, in a pamphlet recently published by him, and extensively circulated (gratuitously) both in this country and America, having accused Dr. William Carpenter of Bristol of plagiarism from Dr. Channing, in a review of John Hunter, published some years since in the British and Foreign Medical Review, I feel it due to Dr. Carpenter to state thus publicly, and in the most unequivocal terms, that Dr. Carpenter did *not* write the review in question.

London, Nov. 20, 1841.

"JOHN FORBES."

New Work on Chemistry.—In the announcement in our last number, of a new systematic work on Chemistry, being in preparation, we inadvertently omitted to mention the author, who is Dr. Franklin Bache, of this city. This was an important omission, because his name will carry the assurance, to all who know him, that any work on Chemistry which he will prepare will be just what such a book ought to be.

Ellis's Medical Formulary.—Messrs. Lea & Blanchard have published a new edition (the 6th), revised and extended by S. G. Morton, M. D. of this useful publication.

Medical College of Louisiana.—The following constitute the present faculty of this school;—John Harrison, M. D., Professor of Anatomy and Physiology; James Jones, M. D., Professor of the Theory and Practice of Medicine, and Clinical Practice; Warren Stone, M. D., Professor of Surgery; J. L. Riddell, M. D., Professor of Chemistry; A. H. Cenas, M. D., Professor of Obstetrics and of the Diseases of Females and Children; S. W. Ruff, M. D., Professor of Materia Medica and Therapeutics; V. A. Drouillard, M. D., Demonstrator of Anatomy; James Jones, M. D., Dean.